

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>TN9506</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>10/06/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MT JULIET HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2650 NORTH MT JULIET ROAD MOUNT JULIET, TN 37122</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 002}	1200-8-6 No Deficiencies	{N 002}		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN9506	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING: _____		(X3) DATE SURVEY COMPLETED  03/04/2020
NAME OF PROVIDER OR SUPPLIER  MT JULIET HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2650 NORTH MT JULIET ROAD MOUNT JULIET, TN 37122		
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N 002	1200-8-6 No Deficiencies		N 002		
	<p>This Rule is not met as evidenced by: A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 03/04/2020. During this Life Safety Survey, Mt Juliet Health Care was found in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).</p> <p>The requirements at 1200-080-06, Standards for Nursing Homes is MET as evidenced by:</p>				

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(X6) DATE

STATE FORM

8569

0W4L21

4/3/2020

If continuation sheet 1 of 1